	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00079628</u>	<u>7</u>		
2. Exact Name of the Limited Liability Company <u>MAHADAV, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		y the entity. Download
445310			
4. Brief Description of th	e Character of the Business Which	n is Actually Conduct	ed in Rhode Island
LIQUOR STORE			
5. Principal Office Addre	SS		
	0 QUAKER LANE RTH KINGSTOWN State	:: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact F	Person:
No. and Street: 4020	ATEL Contact Title: O QUAKER LANE		
City or Town: <u>NOF</u>	<u>RTH KINGSTOWN</u> State:	<u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		iress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED A. VELTRI, ESQ. 331 BROADWAY PROVIDENCE , RI 02909

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of October, 2020 at 9:09:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ATUL PATEL

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved